

Backflow Preventer Inspection and Field Test Report

PWS ID		Water System Name East Wenatchee Water District		File #	
Facility Name				<input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential	
Service Address			City		Zip
Contact Person			Phone		Email
Hazard Type (if known)			<input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other		
Preventer Physical Location					
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. #				Confined Space Yes <input type="checkbox"/> No <input type="checkbox"/>	
Assembly Make		Model		Serial #	
Size ”					
USC-Approved Yes <input type="checkbox"/> No <input type="checkbox"/>		Proper Install Yes <input type="checkbox"/> No <input type="checkbox"/>		Proper Orientation Yes <input type="checkbox"/> No <input type="checkbox"/>	
Initial Test	DCVA		RPBA		PVBA/SVBA
	Check Valve 1		Relief Valve		Air Inlet Valve
	Passed <input type="checkbox"/> Leaked <input type="checkbox"/> ___ psid Failed <input type="checkbox"/>		Opened ___ psid/ Not Open <input type="checkbox"/> Check Valve 2 Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> Check Valve 1 ___ psid Approved Air Gap Yes <input type="checkbox"/> No <input type="checkbox"/>		Opened at ___ psid Did Not Open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> Check Valve ___ psid Leaked <input type="checkbox"/>
	Check Valve 2 Leaked <input type="checkbox"/> ___ psid				
Cleaning, Repairs, & Parts	Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>		Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>		Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Float
	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm
	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Rubber Kit/Guide	<input type="checkbox"/> Check Disc <input type="checkbox"/> Rubber Kit
<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Check Spring <input type="checkbox"/>	
Final Test	Check Valve 1		Relief Valve		Air Inlet Valve
	Passed <input type="checkbox"/> Leaked <input type="checkbox"/> ___ psid Failed <input type="checkbox"/>		Opened at ___ psid Check Valve 2 Closed Tight <input type="checkbox"/> Check Valve 1 ___ psid		Opened at ___ psid Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> Check Valve ___ psid
	Check Valve 2 Leaked <input type="checkbox"/> ___ psid				
Air Gap Inspection Pass <input type="checkbox"/> Fail <input type="checkbox"/>			Supply Pipe Diameter ”		Air Gap Separation ”
Line Pressure psi		Detector Meter		Gals <input type="checkbox"/> CuFt <input type="checkbox"/>	
Service Restored Yes <input type="checkbox"/> No <input type="checkbox"/>					
Remarks*					
Test Kit Make & Model				Serial #	
Ver./Cal Date**					
By this signature, I certify:	1. I personally inspected and field-tested the backflow assembly using field test procedures meeting WAC 246-290-490 and test equipment meeting WAC 246-292-034; or I personally inspected the air gap or AVB.				
	2. The information in this report is true, complete, and accurate.				
BAT Signature (initial test)			Cert. #		Date/Time
BAT Name (print)			BAT Phone #		
Repaired By				Date/Time	
BAT Signature (after repair)			Cert. #		Date/Time
BAT Name (print)			BAT Phone #		
BAT Company Name			Address		

*Note unapproved backflow preventer, missing/defective components, repairs made, or conditions that may adversely affect assembly.

**The date of the most recent field test kit verification of accuracy or calibration whichever is most recent.